2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2008
Secretary of State

DOCUMENT# L06000042915

Entity Name: NORTHWOOD DENTAL ASSOCIATES, PLLC

Current Principal Place of Business:

3023 EASTLAND BLVD., SUITE 112
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3023 EASTLAND BLVD., SUITE 112
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-4761369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTER, JITEN J DDS
3023 EASTLAND BLVD., SUITE 112
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HAGAN, JILL D.M.D.
Address: 3023 EASTLAND BLVD., SUITE 112
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete
Name: MASTER, JITEN J D.D.S.
Address: 3023 EASTLAND BLVD., SUITE 112
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JILL HAGAN MGR 02/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date